

Washington State Early Childhood Education and Assistance Program (ECEAP)
PROGRAM INFORMATION FORM

(Form must be updated as changes occur throughout the year.)

2005-2007 BIENNIUM

FISCAL YEAR: 2006

Contractor: _____ Date submitted: _____

ECEAP Site Information

Total ECEAP slots: _____

1. Site name: _____ 2. Site code: _____

3. Is this site active: ☐ Yes Active since (if known): _____ ☐ No Date inactive: _____

If inactive, specify reason: _____

4. Contact name: _____ 5. Title: _____ 6. Phone: _____

7. Enrollment contact: _____ 8. Enrollment contact phone: _____

9. Street address: _____ 10. City: _____ 11. State: ____ 12. Zip: _____

13. County: _____ 14. State Legislative District(s): _____

15. School District: _____ 16. ESD: _____

17. Mailing address: _____ 18. City: _____ 19. State: ____ 20. Zip: _____

(If different than street address)

21. This site location is (check one): ☐ Urban ☐ Suburban ☐ Rural ☐ Remote

22. Is this a subcontracted site: ☐ Yes ☐ No If yes, provide subcontractor's name: _____

(A subcontractor is defined as an individual or entity, who is not an employee of the Contractor, and is performing all or part of the services through a written agreement with the Contractor.)

a) If yes, does the subcontractor directly manage this site: ☐ Yes ☐ No

23. Check below which best describes the physical location of this site (check only one):

(For home-based services, choose option that describes the location where the weekly peer experience occurs.)

☐ College/university ☐ Community organization facility ☐ Family child care home ☐ Faith based facility

☐ Head Start facility ☐ Private child care center (profit) ☐ Private child care center (non-profit) ☐ Public school

☐ Other: _____

24. Is this site operated by a tribal organization: ☐ Yes ☐ No

25. Does this site provide or arrange for wrap-around child care or extended day services: ☐ Yes ☐ No

ECEAP Service Delivery Information

26. Date outreach, enrollment, and family support services begin: ____ / ____ / ____ (PAF optional during July and August)

27. Date outreach, enrollment, and family support services end: ____ / ____ / ____

28. Number of lead teachers: _____

29. Number of assistant teachers: _____

30. Children are primarily transported to site by (check only one):

☐ School District ☐ ECEAP vehicle ☐ Other: _____

Program Information Form (Continued)

2005 - 2007 BIENNIUM

ECEAP Class Description		Class Name (e.g., Ms. Jones' am class)	Class Name (e.g., Ms. Jones' pm class)
<i>"Class" means each session of regular ECEAP activities with a single group of children, such as:</i> - One AM class in a center - One licensed family child care home - One group of home-based children who share a peer experience			
31.	Class start date (PAF required with voucher beginning this date):	____/____/____	____/____/____
32.	Class end date (PAF required with end-of-month vouchers until this date/PAF optional after this date):	____/____/____	____/____/____
33.	Weeks of class sessions per year (excluding holidays):		
34.	Class is best described as: 1 – Center-Based: ECEAP provided in an environment outside the home, such as in a school, faith based facility, or licensed child care center. 2 – Family Child Care Home: ECEAP provided in a licensed child care facility operated in the child care provider's home. 3 – Home-Based: ECEAP provided primarily in the individual family's home, with weekly peer experiences with other preschool children outside the home.		
35.	Language support in the classroom provided in: E – English B1 – Bilingual, English and Spanish S – Spanish B2 – Bilingual, English and Other O – Other Please Specify "Other:"		
Number of Children in Each Class (count each child only once)			
36.	Number of ECEAP children (assigned "ECEAP slots"):		
37.	Number of Head Start children:		
38.	Number of School District Special Education children:		
39.	Number of private co-pay or tuition children:		
40.	Number of provider's own children (for FCCH):		
41.	Number of "other" children (please specify "other"):		
42.	Total Number of Children in Each Class:		
ECEAP Staffing and Ratio (count each staff only once by the highest level of qualifications, regardless of job title)			
43.	Number of staff counted in adult:child ratio who meet ECEAP lead teacher qualifications:		
44.	Number of staff counted in adult:child ratio who meet ECEAP assistant teacher qualifications:		
45.	Number of staff counted in adult:child ratio who have a written provisional qualifications training plan, an approved EMQ, or need an EMQ:		
46.	Number of other adults, not included in question #43-#45 counted in adult:child ratio at every class session:		
47.	Total number of adults counted in each class session:		
48.	Adult to child ratio (divide total number of children (#42) by total number of adults in each class session (#47):	1:____	1:____
ECEAP Service Hours for Children in Each Class Session (for center-based and FCCH classes only)			
49.	Days class sessions are held (M, T, W, Th, F):		
50.	Time of class sessions (example: 8-11:30):		
51.	Total number of hours of class sessions per week:		
Home-Based Service Delivery (for home-based classes only)			
52.	For home-based classes only: Number of hours per week of peer experience per child (weekly interactions between ECEAP children and other preschool-age children outside the home):		
53.	For home-based classes only: Number of home-based education sessions per year per child (comprehensive educational services delivered in the child's home):		
54.	Total number of hours per each home-based education session:		
55.	Total - Hours of Class Sessions: Center-based/FCCH: #33 x #51 = Total Home-based: (#33 x #52) + (#53 x #54) = Total		

For more than two classes, use additional copies of this page as necessary.